

***VALUE SUBSTANTIATION SUPPORT FORM**
VALUE PROPOSED FOR INSURANCE, BASED ON THE FOLLOWING INFORMATION:

CLIENT'S NAME: _____

NAME OF HORSE: _____

YEAR FOALED: _____ **BREED:** _____ **SEX:** _____ **USE:** _____

PURCHASE DATE: _____ **PURCHASE PRICE:** _____

HALTER/PERFORMANCE HORSES/ROPING/BARREL RACING/CUTTING

Grade Level/Class/ or level of competition: _____

Lifetime Show Points or winnings earned: _____ Winnings/points earned in the past 12 months: _____

DRESSAGE HORSES-

Level of competition: _____ Scores Received: _____

of Clinics Attended: _____ Annual Training Fees: _____

STALLIONS-

Current Stud Fee: _____ # of mares conceived last season: _____

Outside: _____ Inside: _____ # of mares booked this/next season: _____

Stallion's performance record and / or winnings: _____

BROODMARES-

Stallion bred to last season: _____ Stud Fee Paid: _____

Date last foal was born: _____ Filly or Colt: _____ Value: _____

Sire In Foal to this season: _____ Stud Fee Paid: _____

Average Sale price of foals: _____ Produce record for the last 3 years: _____

Mare's Performance record and/or winnings: _____

FOALS/YEARLINGS-

Sire: _____ Stud Fee Paid: _____ Dam: _____ Foaled Date: _____

Show or Training Information: _____

RACING STOCK-

Sire: _____ Dam: _____ Winnings Total: _____

Winnings last 12 months: _____ Please supply latest scratch sheet result.

GENERAL INFORMATION-

Trainer's Name: _____ Phone: _____

Training Facility Location: _____ Monthly Training Fees: _____

Months of training _____

Date: _____ **Signature** _____